

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Pregnant Women

B. Areas of State in which services will be provided:

X Entire State.

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is involved to provide services less than Statewide:

C. Comparability of Services:

Services are provided in accordance with section 1902 (a) (10) (B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915 (g) (1) of the Act is involved to provide services without regard to the requirements of section 1901 (a) (10) (B) of the Act.

D. Definition of Services:

Case management is a set of interrelated activities under which responsibility for locating, coordinating and monitoring appropriate services for an individual rests with a specific person or organization. The purpose of case management services for pregnant women is to assist those eligible for Medicaid in gaining access to needed medical, social, educational and other services, to encourage the use of cost-effective medical care by referrals to appropriate providers, and to discourage overutilization of costly services. Case management services will provide necessary coordination with providers of non-medical services such as nutrition programs like WIC or educational agencies, when services provided by these entities are needed to enable the individual to benefit from programs for which she is eligible.

The set of interrelated activities are as follows:

1. Evaluation of the clients' individual situation to determine the extent of or need for initial or continuing case management services.
2. Needs Assessment and reassessment to identify the service needs of the client.
3. Development and implementation of an individualized plan of care to meet the service needs of the client.

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4. Providing assistance to the client in locating and referring her to providers and/or programs that can meet the service needs.
5. Coordinating delivery of services when multiple providers or programs are involved in care provision.
6. Monitoring and follow-up to ensure services are received; are adequate to meet the clients' needs; and are consistent with good quality of care.

These activities are structured to be in conformance with 1902 (a)(23) and not to duplicate any other service reimbursed in the Medicaid program.

E. Qualification of Providers:

Enrollment will be accomplished in accordance with Section 1902(a)(23) of the Act.

1. Case Manager Qualifications:

- a. RN licensed in North Carolina with a minimum of one year of experience in community health nursing and experience in working with pregnant women, or
- b. a MSW, BSW, or SW meeting State SW II qualifications with a minimum of one year of experience in health and human service and experience in working with pregnant women, or
- c. an RN or MSW or BSW, or SW meeting the SW II qualifications supervised by a case manager as defined in (a) or (b) until they meet the one year of experience in health and human service and experience in working with pregnant women, or
- d. a Community Health Assistant who has been certified as a Baby Love Maternal Care Worker and is working under the supervision of a case manager as defined in (a), (b), or (c) above to conduct those case management activities that they have been certified to perform by the Department of Environment, Health and Natural Resources.

2. Provider Qualifications:

- a. Must have qualified case manager(s).
- b. Must meet applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must be certified by the Division of Health Services as a qualified case management provider.

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Enrollment is open to all providers who can meet these requirements. In the absence of State licensing laws governing the qualifications and standards of practice for case management services to pregnant women, an agreement will be made with the State agency, Division of Health Services, which has the recognized professional expertise and authority to establish standards that govern case management services for pregnant women. As part of the interagency agreement the Division of Health Services will certify that providers are qualified to render case management services in accordance with professionally recognized standards for good care. The purpose of this activity is to help assure that case management services are provided by professionally qualified providers in accordance with section 1902(a)(23) of the Act.

3. Certification Process:

The Division of Health Services through a Memorandum of Understanding with the Division of Medical Assistance will implement methods and procedures to certify all providers for case management to pregnant women who can demonstrate:

- a. Their capacity to provide case management services.
- b. Their experience with delivery and/or coordination of services for pregnant women.
- c. Their capacity to assure quality.
- d. Their experience in sound financial management and record keeping.

Certification is open to all providers who can meet these requirements.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A PART B
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

CASE MANAGEMENT SERVICES
MENTALLY ILL ADULTS

A. Target Group: Mentally ill adults who meet the criteria in Attachment 1.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Services are defined in Attachment 1.

E. Qualification of Providers: Qualifications of providers are described in Attachment 1.

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F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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Case Management Services
Mentally ILL Adults (Con't)

A. Target Group

Mentally ill adults for whom Medicaid case management services may be provided must meet the following criteria:

1. Individual must be Medicaid eligible; and
2. Must have a documented need for assistance with two or more of the following: educational, vocational, social, financial, physical health, residential, recreational or basic life skills; and
3. 18 years of age or over.
4. In addition to 1, 2, 3, eligible clients shall meet one of the criteria listed below:
 - a) Diagnosis of a major mental disorder included in DSM-III classification under schizophrenic disorder, paranoid disorder, psychotic disorders not elsewhere classified, or major affective disorders; or
 - b) Diagnosis of a mental disorder and at least one hospitalization for treatment of the mental disorder.
5. Case management under this proposal will not be provided to home and community-based waiver participants nor institutionalized persons.

D. Definition of Services

Case management services include:

1. Assessment and periodic reassessment to determine types and amounts of services needed;
2. Development and implementation of an individualized case management service plan with the client;
3. Consistent with SSA 1902(a)(23), identification of all available resources for problem resolution;
4. Consistent with SSA 1902(a)(23), coordination and assignment responsibilities among staff and service agencies.

ATTACHMENT 1 (Con't)
PART B

E. Qualification of Providers

Targeted Case Management Services will be limited to area mental health programs, entities under contract to area mental health programs, or entities certified by the State health programs, or entities certified by the State Division of Mental Health, Developmental Disabilities, and Substance Abuse Services as meeting the same standards as area mental health programs. This limitation is in accordance with OBRA 87, Section 4118(i), and is included in order to ensure that the case managers for this target population are capable of enduring that such individuals receive needed services.

Case Managers are professionals whose education, skills, abilities, and experience enable them to perform the activities that comprise a Medicaid case management services. Qualified case managers shall meet the qualifications in (a) or (b).

(a) The individual must be a qualified mental health professional. Qualified mental health professionals include:

1. A psychiatrist who is duly licensed to practice medicine in the State of North Carolina and who has completed an accredited training program in psychiatry.
2. A psychologist who is licensed as a practicing psychologist under the provisions of G.S. 90-270.
3. A psychiatric social worker who holds a Master's degree in social work from an accredited school of social work and has two years experience in mental health.
4. A psychiatric nurse who is licensed to practice as a registered nurse in the State of North Carolina by the North Carolina Board of Nursing and:
 - a. is a graduate of an accredited Master's level program in psychiatric mental health nursing with two years experience; or
 - b. has a Master's degree in behavioral science with two years of supervised clinical experience; or
 - c. has four years of experience in psychiatric mental health nursing.

ATTACHMENT I (Con't)
PART B

5. Other qualified mental health professional with a Master's degree in a related human service field and two years of supervised clinical experience in mental health services or an individual with a baccalaureate degree in related human service field and four years of supervised clinical experience in mental health services.
 6. A qualified physician who is duly licensed to practice medicine in the State of North Carolina and shall have experience in the provision of medical services associated with mental health, mental retardation and substance abuse needs of clients.
- (b) The individual must be supervised by a qualified mental health professional and meet the following education and experience requirements:
- . an individual with at least a bachelor's degree from an accredited institution and year experience in the human service field; or
 - . a licensed R.N. with two years experience in public health nursing or the human services field.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

**CASE MANAGEMENT SERVICES
ED-CHILDREN/YOUTH**

A. Target Group: Emotionally Disturbed Children & Youth who meet the criteria described in Attachment 1.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Services are defined in Attachment 1.

E. Qualification of Providers: Qualifications are described in Attachment 1.

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F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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